



**Sumpter Township
Police Department**
23501 Sumpter Rd
Belleville, Michigan 48111
734-461-4833



Employment Application

Complete every line in print or type. If the question does not apply, place N/A on the appropriate line. Do not leave any space blank. Applicants are responsible for completing the application in its entirety. The use of additional paper to elaborate is acceptable. Failure to complete the application as requested may result in your application being withdrawn from the application process. False statements may void this application or your employment status when such information becomes known to the employer.

_____ Full-time _____ Part-time _____
Position

_____ Last Name First Name Middle Name

Address: _____
Number Street City State Zip

Date of Birth: _____ Social Security Number: _____

Phone# (daytime) _____ (evening) _____

Email (primary): _____ Email (secondary): _____

1. Are you presently a citizen of the United States? _____. If no, under what status are you authorized to work in the United States?

2. Have you ever been discharged or forced to resign from any job? _____
If yes, why _____

3. Have you ever been convicted of a crime? _____ If yes, please explain

4. Have you ever been party to a civil lawsuit? _____ If yes, please explain

5. Have you ever been employed by another name? _____ If yes, what name?

6. May we contact your previous employers? _____
7. If currently employed, may we contact your current employer? _____
If no, please explain _____
8. Driver's License Number _____ State _____ Expiration _____
9. Is the address shown on your drivers license your current address? _____
10. Do you presently have any relatives employed by Sumpter Twp? _____
If yes, please explain _____
11. List any special interests _____

12. List any experience/training/qualifications/specialized abilities you may have, which in your opinion, may qualify you for the position in which this application is being filed. _____

REFERENCES

List the names, addresses, and phone numbers of three reliable people, other than relatives or your past employers who know you well enough to give information about you.

	NAME	ADDRESS	PHONE
1.	_____		
2.	_____		
3.	_____		

EMPLOYMENT HISTORY

Present Employer _____

Address & Phone# _____

Date of Hire _____ Termination Date _____

Starting Salary _____ Ending Salary _____

Position _____

Reason for leaving _____

Employer _____

Address & Phone# _____

Date of Hire _____ Termination Date _____

Starting Salary _____ Ending Salary _____

Position _____

Reason for leaving _____

Employer _____

Address & Phone# _____

Date of Hire _____ Termination Date _____

Starting Salary _____ Ending Salary _____

Position _____

Reason for leaving _____

****ADD EXTRA PAGES IF NECESSARY**

EDUCATION

High School:

Name _____

Address _____

Grade Completed _____

College:

Name _____

Address _____

Date of Graduation _____

Degree Earned _____

Subject's Studied _____

Additional Education/Training/Degrees: _____

ATTENTION

All applicants who are not already sworn police officers in the State of Michigan must be registered and tested through EMPCO as of the time of application. Make sure to list the Sumpter Township Police Department as an authorized agency to see your scores. Please attach proof of testing.

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose any misrepresentations or falsifications, my applications will be rejected, and I will be disqualified from applying in the future for any position in the service of this community.

Applicant's Signature

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Race/Sex: _____ **DOB:** _____

Place of Birth (city/state): _____

I, _____ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Sumpter Township Police Department**, whether the said records are of public, private or confidential in nature.

The intent of this authorization is to give my consent for complete disclosure of the records of educational institutions, financial or credit institutions, including credit reports or ratings, public utility companies, employment and pre-employment records, real and personal property tax statements, and records and other financial statements and records where ever filed, records of complaint, arrest, trial or convictions for alleged or actual violations of law, including criminal, civil or traffic records, the results of any polygraph examinations, records of complaint of a civil nature made by or against me were ever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing another person or me in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may offer pertinent data to the **Sumpter Township Police Department** to consider in determining my suitability for employment by this department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by **Sumpter Township Police Department**. I understand that all materials pertaining to this background investigation becomes the property of the **Sumpter Township Police Department** and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or because of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain my signature's original writing.

Signature: _____

Address: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this:

_____ day of _____, 20_____

My commission expires: _____

Notary Signature: _____